

**Town of Amherst Residential Rental Property**  
**Self-Certification Checklist**

This checklist is established in accordance with the Town of Amherst Residential Rental Property Bylaw and constitutes affirmation by the property owner of the condition of their rental property and unit(s) as of the inspection date.

Date of Certification \_\_\_\_\_ Certified By \_\_\_\_\_

Property address \_\_\_\_\_

If single family dwelling: # Bedrooms \_\_\_\_\_ If multiple units: Specify Units Certified \_\_\_\_\_

Property Owner \_\_\_\_\_ Responsible Contact Person or  
Manager (if different) \_\_\_\_\_

\*\*\*\*\*

**Zoning:** I hereby affirm that the property is in compliance with all current requirements of the Amherst Zoning Bylaw (<http://www.amherstma.gov/index.aspx?NID=476>) with regard to the residential rental use and any required site or parking plans.

Anticipated Residential Occupancy \_\_\_\_\_

- ☐ Vehicles and Parking in accordance with Parking Plan submitted with this or prior application
- ☐ No inoperable vehicles on the property

I hereby affirm that the following aspects of the building(s) and site are in compliance with the Mass. Sanitary (<http://www.mass.gov/eohhs/docs/dph/regs/105cmr410.pdf>) , Building (<http://www.mass.gov/eopss/agencies/dps/>) and Fire Codes (<http://www.mass.gov/eopss/agencies/dfs/>), and the Town of Amherst's Residential Rental Regulations (<http://www.amherstma.gov/>)

**Exterior Conditions:**

- |                                                                    |                                                              |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Snow/ice removal                          | <input type="checkbox"/> Sufficient site & building lighting |
| <input type="checkbox"/> Building envelopes secure & weather-tight | <input type="checkbox"/> Grounds maintained                  |
| <input type="checkbox"/> Building exteriors in good repair         | <input type="checkbox"/> Upholstered furniture               |
| <input type="checkbox"/> Trash/recycling management                |                                                              |

**Life Safety Systems:**

☐ The following, if required, are present and properly functioning:

- |                    |                           |
|--------------------|---------------------------|
| Means of egress    | Emergency lighting        |
| Smoke detectors    | Sprinkler/Fire Alarm      |
| Fire extinguishers | Carbon monoxide detectors |

**Healthy Living Conditions:**

- |                                                            |                                                                |                                           |
|------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Operable and Secure doors/windows | <input type="checkbox"/> Sufficient natural light              | <input type="checkbox"/> Sound buffered   |
| <input type="checkbox"/> General cleanliness               | <input type="checkbox"/> All fixtures present & in good repair | <input type="checkbox"/> Pest/vermin-free |
| <input type="checkbox"/> Ventilation/air exchange          | <input type="checkbox"/> No active hazards                     |                                           |
| <input type="checkbox"/> No evidence of excessive moisture | <input type="checkbox"/> Non-porous surface finishes intact    |                                           |

I hereby attest, to the best of my ability, to the accuracy of all the information provided herein.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_